

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) ▼

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00556860

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

11 04

2014

in the State of

CA

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10 16

2014

through

M M M / D D D / Y Y Y Y Y Y

11 24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer

Kathleen Cogan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12 02

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		105901.09
(b) Cash on Hand at Beginning of Reporting Period.....	24778.15	
(c) Total Receipts (from Line 19)	99371.46	507858.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124149.61	613760.03
7. Total Disbursements (from Line 31)	90856.65	474565.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33292.96	33292.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11603.35	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44000.00	269680.00
(ii) Unitemized	0.00	435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	44000.00	270115.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	51294.46	213480.55
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	95294.46	483595.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	4077.00	24263.39
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	99371.46	507858.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	99371.46	507858.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	46478.45	260197.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46478.45	260197.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	32295.06	153633.87
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	12083.14	60734.21
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	90856.65	474565.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90856.65	474565.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	95294.46	483595.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95294.46	483595.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	46478.45	260197.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4077.00	24263.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	42401.45	235934.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 57

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc

Mailing Address 518 Garden Street

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : INCA426

Amount of Each Receipt this Period

4000.00

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261321.39

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : INCA427

Amount of Each Receipt this Period

40000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44000.00

44000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 57
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. House Majority PAC

Mailing Address 700 13th Street, NW,
Suite 600

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15775.46

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : NONA446

Amount of Each Receipt this Period

15775.46

In-kind: Polling

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63209.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : INCA442

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63209.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : INCA441

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35775.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 57
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Vote Planned Parenthood Shasta-Pacific, a project of Planned Parenthood Shasta-Pacific Act

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21346.09

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : INCA415

Amount of Each Receipt this Period

3719.00

Full Name (Last, First, Middle Initial)

B. Vote Planned Parenthood Shasta-Pacific, a project of Planned Parenthood Shasta-Pacific Act

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21346.09

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : INCA414

Amount of Each Receipt this Period

6800.00

Full Name (Last, First, Middle Initial)

C. Women's Political Committee

Mailing Address 777 South Figueroa Street,
Suite 4050

City State Zip Code
Los Angeles CA 90017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : INCA428

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15519.00

51294.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 57
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City State Zip Code
 Norwalk CA 90652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4077.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : INCA493

Amount of Each Receipt this Period

4077.00

Refund of Data Costs

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4077.00

4077.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Diagram showing three different connector types: a 10-pin connector (labeled 10), a 21-pin connector (labeled 21), and a 2014-pin connector (labeled 2014).

Category/
Type

10000.00

Three digital displays showing the date 10/22/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '22' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Category/
Type

15775.46

Category/
Type

2014.90

27790.36

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Internet for Field Office Non Federal Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : EXPB595

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Staff Time Non Federal Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : EXPB596

Amount of Each Disbursement this Period

3338.72

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Staff Time

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2014

Transaction ID : EXPB465

Amount of Each Disbursement this Period

355.40

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3719.12

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB635

Purpose of Disbursement
Staff Time & Expenses for Field Program Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB634

Purpose of Disbursement
Staff Time & Expenses for Field Program Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB633

Purpose of Disbursement
Online Voter Guide Non Federal Expense

004

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3992.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB632Purpose of Disbursement
Staff Time & Expenses Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3146.77

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB631Purpose of Disbursement
Staff Time & Expenses for Field Program Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

964.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		2	0		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB630Purpose of Disbursement
Staff Time & Expenses for Field Program Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1236.72

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5347.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

00:

Category/
Type

State: District:

Three digital displays are shown, each with a specific segment pattern and a number below it. The first display has segments M and M lit, with the number 11 below. The second display has segments D and D lit, with the number 21 below. The third display has segments Y, Y, Y, and Y lit, with the number 2014 below.

00

Category/
Type

State: District:

Category/
Type

State: District:

5628.02

46478.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB454

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

8583.33

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB467

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00073111)	
Candidate Name	

Amount of Each Disbursement this Period

214.07

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB463

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

769.18

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9566.58

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB524

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

3.96

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB526

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00073111)	
Candidate Name	

Amount of Each Disbursement this Period

3.96

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB532

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

10.56

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

18.48

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB560

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C000073111)	
Candidate Name	

Amount of Each Disbursement this Period

153.13

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB570

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

320.46

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB565

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

1044.36

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1517.95

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB533

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C000073111)	
Candidate Name	Category/Type

Amount of Each Disbursement this Period

10.56

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB569

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C000073111)	
Candidate Name	Category/Type

Amount of Each Disbursement this Period

202.38

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB536

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C000073111)	
Candidate Name	Category/Type

Amount of Each Disbursement this Period

3.30

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ►

216.24

TOTAL This Period (last page this line number only)..... ►

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB564

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C000073111)	
Candidate Name	

Amount of Each Disbursement this Period

118.77

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB562

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C000114112)	
Candidate Name	

Amount of Each Disbursement this Period

645.12

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

--

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ►

763.89

TOTAL This Period (last page this line number only)..... ►

12083.14

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 57

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):

Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1533.75

Transaction ID : PAYD108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):

Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

1533.75

Transaction ID : PAYD122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):

Polling; Costs to be reimbursed by Planned
Parenthood Action Fund Pacific Southwest

Mailing Address 1726 M Street, NW, Suite 100

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

6135.00

Transaction ID : PAYD257

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6135.00

1) SUBTOTALS This Period This Page (optional)..... ►

9202.50

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

2664.36

Transaction ID : PAYD115

Amount Incurred This Period

0.00

Payment This Period

2664.36

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

390.08

Transaction ID : PAYD118

Amount Incurred This Period

0.00

Payment This Period

90.24

Outstanding Balance at Close of This Period

299.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

2664.36

Transaction ID : PAYD124

Amount Incurred This Period

0.00

Payment This Period

2664.36

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

299.84

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

390.09

Transaction ID : PAYD125

Amount Incurred This Period

0.00

Payment This Period

90.24

Outstanding Balance at Close of This Period

299.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

8583.33

Transaction ID : PAYD339

Amount Incurred This Period

0.00

Payment This Period

8583.33

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

62.68

Transaction ID : PAYD363

Amount Incurred This Period

0.00

Payment This Period

62.68

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

299.85

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 57

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

62.69

Transaction ID : PAYD364

Amount Incurred This Period

0.00

Payment This Period

62.69

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Supplies for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

54.14

Transaction ID : PAYD365

Amount Incurred This Period

0.00

Payment This Period

54.14

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Supplies for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

54.14

Transaction ID : PAYD366

Amount Incurred This Period

0.00

Payment This Period

54.14

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses for Field Office;
10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

1224.79

Transaction ID : PAYD368

Amount Incurred This Period

0.00

Payment This Period

1224.79

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9.90

Transaction ID : PAYD370

Amount Incurred This Period

0.00

Payment This Period

9.90

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

9.90

Transaction ID : PAYD371

Amount Incurred This Period

0.00

Payment This Period

9.90

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

1624.95

Transaction ID : PAYD372

Amount Incurred This Period

0.00

Payment This Period

1624.95

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time & Travel Expenses; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

1624.95

Transaction ID : PAYD373

Amount Incurred This Period

0.00

Payment This Period

1624.95

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time for Field Office; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

1224.80

Transaction ID : PAYD374

Amount Incurred This Period

0.00

Payment This Period

1224.80

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

769.18

Transaction ID : PAYD460

Amount Incurred This Period

0.00

Payment This Period

769.18

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

214.07

Transaction ID : PAYD461

Amount Incurred This Period

0.00

Payment This Period

214.07

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

355.40

Transaction ID : PAYD462

Amount Incurred This Period

0.00

Payment This Period

355.40

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

3.96

Transaction ID : PAYD518

Amount Incurred This Period

0.00

Payment This Period

3.96

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

3.96

Transaction ID : PAYD519

Amount Incurred This Period

0.00

Payment This Period

3.96

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

153.13

Transaction ID : PAYD555

Amount Incurred This Period

0.00

Payment This Period

153.13

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

645.12

Transaction ID : PAYD556

Amount Incurred This Period

0.00

Payment This Period

645.12

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time; 10/1 - 10/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

118.95

Transaction ID : PAYD557

Amount Incurred This Period

0.00

Payment This Period

118.95

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Supplies; 11/1 - 11/4

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD449

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

250.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time; 11/5 - 11/15

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD603

Amount Incurred This Period

51.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

51.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Consulting for Field Program; 10/1 - 10/15

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

62.50

Transaction ID : PAYD375

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Consulting for Field Program; 10/1 - 10/15

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

62.50

Transaction ID : PAYD376

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

1) SUBTOTALS This Period This Page (optional)..... ►

176.16

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

156.25

Transaction ID : PAYD591

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

250.00

Transaction ID : PAYD592

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 10/16
- 10/31

Mailing Address 886 Metal Lane

City

State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD419

Amount Incurred This Period

46.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.87

1) **SUBTOTALS** This Period This Page (optional)..... ►

453.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 57

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 10/16 - 10/31

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD422

Amount Incurred This Period

46.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Canvassing Activities; 11/1 - 11/4

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD492

Amount Incurred This Period

125.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)

Mailing Address 1570 Prospect Avenue

City

State

Zip Code

Hermosa Beach

CA

90254

Outstanding Balance Beginning This Period

250.00

Transaction ID : PAYD593

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) SUBTOTALS This Period This Page (optional)..... ►

421.88

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting for Robocalls; 10/16 - 10/31

Mailing Address 1570 Prospect Avenue

City State

Hermosa Beach

Zip Code

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD420

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting for Canvassing Activities; 11/1 - 11/4

Mailing Address 1570 Prospect Avenue

City State

Hermosa Beach

Zip Code

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD491

Amount Incurred This Period

83.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

83.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting for GOTV Activities; 11/1 - 11/4

Mailing Address 1570 Prospect Avenue

City

Hermosa Beach

State

CA

Zip Code

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD627

Amount Incurred This Period

83.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

83.75

1) SUBTOTALS This Period This Page (optional)..... ►

417.50

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 57

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting for GOTV Activities; 11/1 - 11/4

Mailing Address 1570 Prospect Avenue

City State

Zip Code

Hermosa Beach

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD628

Amount Incurred This Period

82.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

82.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

82.50

2) **TOTALS** This Period (last page this line number only)..... ►

11603.35

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

11603.35

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee AMS Communications, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 26 / 2014</div> </div>		
Mailing Address 500 Sansome Street, Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>		
City State Zip Code San Francisco CA 94111		Transaction ID : EDTEALC12 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 23 / 2014</div> </div>			
Purpose of Expenditure Door Hangers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 01 / 2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2664.36</div>		
City State Zip Code Sacramento CA 95814		Transaction ID : PDTE15 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 01 / 2014</div> </div>			
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6164.36</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div>		

[Electronically Filed]

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID : PDTE15

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 90.24 </div>		
City Sacramento		State CA		Zip Code 95814	
Purpose of Expenditure Supplies for Field Office; 9/1-9/30			Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		Transaction ID : PDTE20 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 157218.86 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2664.36 </div>		
City Sacramento		State CA		Zip Code 95814	
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30			Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		Transaction ID : PDTE26 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Name of Federal Candidate Jeff Gorell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 157218.86 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2754.60 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 02 / 2014 </div>

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Form/Schedule: SE
Transaction ID : PDTE20

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE26

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 90.24
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Supplies for Field Office; 9/1-9/30	Category/ Type 24A	Transaction ID : PDTE27 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 54.14
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15	Category/ Type 24E	Transaction ID : PDTE44 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	144.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE27

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE44

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 01 / 2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54.14</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE45 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 01 / 2014</div> </div>		
Purpose of Expenditure Supplies for Field Office; 10/1 - 10/15		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Name of Federal Candidate Jeff Gorell		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 01 / 2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.68</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE46 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 01 / 2014</div> </div>		
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Name of Federal Candidate Jeff Gorell		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">116.82</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Kathleen Cogan		[Electronically Filed]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div>	

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Form/Schedule: SE
Transaction ID : PDTE45

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE46

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.69</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE47 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>
Purpose of Expenditure Internet for Field Office; 10/1 - 10/15		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate Julia Brownley		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1624.95</div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE48 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2014</div> </div>
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate Jeff Gorell		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1687.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE47

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE48

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 1624.95
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time & Travel Expenses; 10/1 - 10/15	Category/ Type 24E	Transaction ID : PDTE49 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 1224.79
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15	Category/ Type 24A	Transaction ID : PDTE50 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2849.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE49

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE50

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 1224.80
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time for Field Office; 10/1 - 10/15	Category/ Type 24E	Transaction ID : PDTE51 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 9.90
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15	Category/ Type 24A	Transaction ID : PDTE52 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2014
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1234.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE

Transaction ID : PDTE51

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE

Transaction ID: PDTE52

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 57
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 9.90	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE53
Purpose of Expenditure Online Voter Guide; 10/1 - 10/15		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 10.55	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE61
Purpose of Expenditure Online Voter Guide; 10/16 - 10/31		Category/ Type 24A	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		20.45	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Kathleen Cogan		Date M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2014	
		[Electronically Filed]	

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Form/Schedule: SE
Transaction ID : PDTE53

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 57
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>					
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1661.78</div> </div>		
City Sacramento		State CA	Zip Code 95814		Transaction ID : PDTE65
Purpose of Expenditure Staff Time & Travel Expenses; 10/16 - 10/31		Category/Type 24E		Date of Disbursement or Obligation <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">125.37</div> </div>		
City Sacramento		State CA	Zip Code 95814		Transaction ID : PDTE75
Purpose of Expenditure Internet for Field Office; 11/1 - 11/4		Category/Type 24E		Date of Disbursement or Obligation <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1787.15</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			[Electronically Filed]		Date <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 57
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 10.56	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE76	
Purpose of Expenditure Online Voter Guide; 11/1 - 11/4		Category/ Type 24E	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		157218.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 3552.71	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE77	
Purpose of Expenditure Staff Time & Travel Expenses; 11/1 - 11/4		Category/ Type 24E	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		157218.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			3563.27	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Kathleen Cogan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2014

Full Name of Payee PZ Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 816 1/2 North Poinsettia Place		Amount 1852.50	
City Los Angeles	State CA	Zip Code 90046	Transaction ID : EDTEALC13
Purpose of Expenditure Voter Outreach & Expenses; 10/16 - 10/31		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 157218.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		1852.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>					
Full Name of Payee PZ Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 10 / 16 / 2014 </div>		
Mailing Address 816 1/2 North Poinsettia Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1852.50 </div>		
City State Zip Code Los Angeles CA 90046		Transaction ID : EDTEALC14 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 11 / 03 / 2014 </div>			
Purpose of Expenditure Voter Outreach & Expenses; 10/16 - 10/31		Category/Type 24E		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 157218.86 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee PZ Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 11 / 01 / 2014 </div>		
Mailing Address 816 1/2 North Poinsettia Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 6279.15 </div>		
City State Zip Code Los Angeles CA 90046		Transaction ID : PDTE74 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 11 / 01 / 2014 </div>			
Purpose of Expenditure Voter Outreach & Expenses; 11/1 - 11/4		Category/Type 24E		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 157218.86 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 8131.65 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 8131.65 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 12 / 02 / 2014 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Wagaman Strategies [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Mailing Address 886 Metal Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.87 </div>		
City State Zip Code West Sacramento CA 95691		Transaction ID : PDTE67 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>			
Purpose of Expenditure Campaign Consulting; 10/16 - 10/31		Category/Type 24A		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Name of Federal Candidate Jeff Gorell			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 157218.86 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Wagaman Strategies [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Mailing Address 886 Metal Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.88 </div>		
City State Zip Code West Sacramento CA 95691		Transaction ID : PDTE68 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>			
Purpose of Expenditure Campaign Consulting; 10/16 - 10/31		Category/Type 24E		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 157218.86 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date MM / DD / YYYY		
[Electronically Filed]			Date 12 / 02 / 2014		

Full Name of Payee James Wisley [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1570 Prospect Avenue		Amount 250.00	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE73
Purpose of Expenditure Campaign Consulting for Robocalls; 10/16 - 10/31		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Lois Capps		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: CA
Calendar Year-To-Date Per Election for Office Sought		333.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee James Wisley [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2014 </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">83.75</div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE83 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2014 </div>
Purpose of Expenditure Campaign Consulting for GOTV Activities; 11/1 - 11/4		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate Lois Capps		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 24 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">333.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee James Wisley [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2014 </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">83.75</div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE80 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2014 </div>
Purpose of Expenditure Campaign Consulting for Canvassing Activities; 11/1 - 11/4		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">157218.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">31979.58</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Kathleen Cogan</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 02 / 2014 </div>	

[Electronically Filed]